



STUART H. ALTMAN  
CHAIR

The Commonwealth of Massachusetts  
HEALTH POLICY COMMISSION  
50 MILK STREET, 8TH FLOOR  
BOSTON, MASSACHUSETTS 02109  
(617) 979-1400

DAVID M. SELTZ  
EXECUTIVE DIRECTOR

## Massachusetts Registration of Provider Organizations (MA-RPO) Program

### Proposed 2017 Data Submission Manual

Release for Public Comment: November 10, 2016

Provider Organizations that meet certain thresholds are required to register biennially with the Health Policy Commission (HPC) and to submit a related annual filing to the Center for Health Information and Analysis (CHIA). Each of the statutory elements required for registration with the HPC are also elements required to be provided as part of the filing with CHIA, and both agencies are directed by statute to coordinate with each other to minimize duplicative reporting requirements. Recognizing these statutory charges and a desire to reduce burden and confusion for Provider Organizations, the HPC and CHIA have created a single program – the Massachusetts Registration of Provider Organizations (MA-RPO) Program – that incorporates the required data elements from both the HPC and CHIA statutes. Under the MA-RPO Program, a Provider Organization submits an annual filing to the Commonwealth which will satisfy its obligations under both M.G.L. c. 6D, § 11 and M.G.L. c. 12C, § 9. For more information about the MA-RPO program alignment, please see this [link](#).

The proposed 2017 Data Submission Manual (DSM) contains the data elements that a Provider Organization will submit to satisfy its 2017 Registration Renewal with the HPC (*see* [958 CMR 6.05\(5\)](#)) and 2017 filing requirements with CHIA (*see* [957 CMR 11.00](#)). As part of the 2017 filing, Provider Organizations will be required to review and update information that they submitted in 2015 regarding their corporate and contracting relationships, facilities, physician network and clinical affiliations. The 2017 filing will also require Provider Organizations to provide information in two new files: the Financial Statement file and the APM and Other Revenue file.

### Key Sections of the Proposed 2017 DSM

The MA-RPO Program strongly recommends that organizations read the complete proposed 2017 DSM before submitting public comment. While the proposed 2017 DSM largely follows the organization and style of the 2015 DSM, staff has added or updated certain sections that may assist in your review.

- The *General Instructions* section of the DSM has been updated to include important changes related to off-cycle updates, MA-RPO Program alignment, and new timeframes that affect what information should be reported in each file.
- The new *Summary of Updates* section describes the most significant changes to definitions, data elements, and file structures since Initial Registration. Provider Organizations should review this section carefully.



- New subsections *Changes since Initial Registration* and *How to Update* have been added to each of the files (e.g., the Background Information file, Corporate Affiliations file, etc.) that describe general changes to the structure or content of that file and instructions on how to review and update that file in the online submission platform, respectively.
- Where the MA-RPO Program made significant changes to existing data elements, the proposed 2017 DSM includes redlining to indicate additions, deletions, and edits. Note that **not all** changes made to the DSM are redlined in the document; only significant changes in the data elements themselves are redlined.

## Request for Public Comment

The MA-RPO Program invites Provider Organizations and other interested parties to review the proposed 2017 DSM and submit public comment. Staff specifically seeks feedback in the following areas:

- The proposed 2017 DSM newly assigns timeframes for each file, generally requiring that the relationships reported be accurate as of 1/1/2017. The MA-RPO Program seeks feedback generally on the feasibility of reporting relationships as of a given date, as well as any specific challenges associated with a 1/1/2017 date, if any, given an approximate submission deadline of summer 2017. Note that separate timeframes apply to the Financial Statement file and the APM and Other Revenue file.
- The MA-RPO Program is proposing to update the answer options for two existing data elements, RPO-53: Organization Type Sub-Categories in the Corporate Affiliations file and RPO-87: Available Services in the Facilities file. Please review the *Proposed Answer Option Conversions Methodology* and submit any questions or concerns you have on the proposal.
- The MA-RPO Program is proposing to add a reporting threshold for a Provider Organization's contracting affiliates that would only require a Provider Organization to report physician practices that include five or more physicians. This change is designed to reduce administrative burden on Provider Organizations with large contracting networks which include a significant number of one and two-physician practices and focus on physician practices of a significant size for which the Commonwealth values having detailed data. Please provide any questions or concerns about this proposed approach.
- The MA-RPO Program is proposing to remove EINs from the physician roster and instead collect physician license numbers. Please review and submit any questions or concerns you have on completing this data element.
- The proposed APM and Other Revenue File is modeled off of an existing exhibit developed by the Office of the Attorney General that many Provider Organizations have submitted as part of their Cost Trends Hearing Pre-Filed Testimony. If your organization has completed this template as part of Pre-Filed Testimony in the past, the MA-RPO Program is interested in understanding what questions or challenges your organization identified in completing this exhibit. What concerns would your organization have regarding data consistency/accuracy as an end-user of this information? What modifications or instructions would your organization recommend?
- Provider Organizations must complete the APM and Other Revenue file for each of its corporately affiliated physician practices, as well as certain of its corporately affiliated contracting entities. However, the proposed 2017 DSM states that if a Provider Organization has multiple corporately affiliated physician practices that are all owned by the same internal corporate parent, and if the internal corporate parent does not have an ownership or controlling interest in any other entity, the

Provider Organization may submit a single APM and Other Revenue file with aggregate revenue figures for the applicable physician practices. Please provide any feedback regarding this proposed approach, including whether there are other circumstances that you would recommend that revenue from multiple physician practices be aggregated into a single file.

- Provider Organizations will be asked to complete the APM and Other Revenue file about calendar year 2015 revenue. Given the approximate filing date of summer 2017, please provide feedback regarding the feasibility of the timeline. Will Provider Organizations have final settlement information for most major payers? Are there any payers, payments, or providers for which this information would not be available by summer 2017?

### **Submitting Comments to the MA-RPO Program**

The MA-RPO Program values the feedback that many organizations have provided over the last year and looks forward to gaining new insight on the proposed 2017 DSM. Organizations or individuals who would like to provide comments should send written feedback to [HPC-RPO@state.ma.us](mailto:HPC-RPO@state.ma.us) on or before **Friday, December 16, 2016 at 5:00 PM**. After reviewing the public comment and updating the DSM as appropriate, the MA-RPO Program anticipates releasing the final 2017 DSM and the relevant Microsoft Excel templates in early 2017. Provider Organizations should plan for an approximate filing deadline of summer 2017.